Pathology Workstream

Modernising Pathology to improve the quality of patient care, access to services, safety and efficiency.

Julie Bardill – Workstream Lead

Professor Noor Kalsheker – Clinical Lead

Tony Madge – Programme Lead

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Case for change

- National expectation of £500m from the DH national QIPP programme - to be delivered by driving efficiency and consolidating pathology services (?£50m per region).
- The Carter Review of NHS Pathology Services (2006, 2008) made the case for consolidating pathology nationally to improve quality, patient safety and efficiency
- Over-capacity within the NHS (less than 20% utilisation nationally)
- This is a competitive market-place (private sector encroaching)
- Pathology currently delivers high quality services but there is scope for further efficiencies.
- Innovative and significant change will be needed in order to realise the savings and improvements which are envisaged

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Progress to-date -1

Product	Status	Attachment
1. Set up of monthly steering group meeting to agree details of approach	Ongoing since September 2010	
2. Set up of bi-monthly Pathology Modernisation Board meeting to validate in wider forum	Ongoing since September 2010	
3. Agreed key performance indicators to be measured and commenced data collection and analysis via the EM Quality Observatory	KPIs agreed in principle. Will be revised when baseline data has been reviewed. First draft in progress	Microsoft Office Excel Worksheet

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Variation

- Considerable variation likely but lack of consistent data regionally and nationally
- Baseline KPIs include indicators across all key QIPP areas – Quality, Activity, Finance & Workforce

  e.g. activity, turnaround times, cost per test, number of staff, skill mix, accreditation
- Baseline data expected to be agreed by end of February
- Data collection will be ongoing - quarterly

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Progress to-date -2

Product	Status	Attachment
4. Phase 1 regional pathology workshop event (8th December 2010). Engagement event to agree the underlying principles of transformation	Complete	Adobe Acrobat Document
5. Arranged meetings with Trust Chief Executives and senior teams to reinforce objectives and understand political landscape	Ongoing	
6. Phase 2 workshop – decision-making event for Trust senior teams	Thursday 10th February	Adobe Acrobat Document
7. Published key information re events and progress on the TE website	Ongoing – best practice examples, useful links and event information already accessible	www.excellence.eastmidlands.nhs.uk

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Current Situation

- NUH / UHL
- Path Links
- Others - engagement in process of collaborative working – more detailed plans to follow

Progress to-date -3

Product	Status	Attachment
8. Engaged with NHS Improvement to introduce a Lean programme of work across the region	Launch Event 4th March Rolling programme proposed over 3 years	
9. Recommendations paper to EMLeT planned	March 2011	

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Securing the benefits

	Provider	Commissioner
Reduced costs with improved quality (ref Carter / QIPP)	Develop a change model based around consolidation and CIPs to achieve QIPP goals - high quality services at reduced cost	To ensure that a plan is in place and is being implemented To be considered as part of contract negotiations
Improved productivity with enhanced customer service	Improved service will be a consequence of agreed and managed consolidation, CIP plans and Lean approaches etc. Commitment of staff and time to the NHS Improvement programme to ensure benefits are achieved Should be clearly documented and monitored	Should require documentation of plans including projected savings
Improved performance against KPIs / regional and national comparators	Regular submission of information / data required for accurate benchmarking. Discrepancies / outlying information to be reviewed regularly and plans put in place to ensure appropriate performance levels	Review benchmarking of provider offerings to assist decision-making
Workforce	Skill mix to be evaluated against optimum. Links to be made with modernising scientific careers	Ensure appropriate workforce requirements / guidance included in commissioning plans and service specifications

Challenges

1. Acceptance that change may alter the form of local service provision
2. Equity of contributions to process / differing stages of development
3. Local constraints to change e.g. PFI contracts
4. Potential conflict of objectives
5. Sensitivity of sharing data
6. GP / Commissioner engagement
7. Accountability for delivery of agreements reached in the QIPP programme post March 2011
8. Understanding of financial savings

Key contacts

Main Regional Contacts

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Useful Information

- See Towards Excellence Website

http://www.excellence.eastmidlands.nhs.uk/welcome/improving-care/cross-cutting-areas-for-improvement/transforming-pathology/

  – Examples of regional best practice, Carter Reports, DH information

- See NHS Improvement Website

http://www.improvement.nhs.uk/diagnostics/PathologyCaseStudies/tabid/74/Default.aspx

  – Lean

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Summary

- Work to be done by both providers and commissioners to lead the process forward
- Good progress to-date
  - **Understanding of variation**
  - **Engagement**
  - **Lean programme**
  - **Regional way forward to be submitted to EMLeT in March**

Questions

- ❑ What involvement should there be from PCTs / GP Consortia?
- ❑ How can we work with you to secure this?

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